

DEPARTMENT OF MENTAL HEALTH

POLICY / PROCEDURE



SUBJECT: DUAL DIAGNOSES	POLICY NO. 202.19	EFFECTIVE DATE 11/01/00	PAGE 1 of 5
APPROVED BY: Original Signed by: MARVIN J. SOUTHARD Director	SUPERSEDES 102.19	ORIGINAL ISSUE DATE 05/01/95	DISTRIBUTION LEVEL(S) 2

- PURPOSE:** 1.1 To provide policy and guidelines for the identification and treatment of dual diagnoses in Los Angeles County Department of Mental Health (DMH) treatment programs.
- POLICY:** 2.1 Recognizing that substance use and abuse is a significant problem for large numbers of people with mental disorders, the policy and goals of DMH are to:
- 2.1.1 Improve the quality of care for individuals who have substance abuse problems in addition to mental illness;
 - 2.1.2 Ensure that treatment planning for dual-diagnoses clients is comprehensive, addressing the person's substance abuse and mental illness needs; and,
 - 2.1.3 Ensure that persons otherwise qualified for DMH services are not denied access to necessary mental health services because of concomitant substance abuse problems.
- DEFINITIONS:** 3.1 Dual Diagnosis: Persons are dually diagnosed when they meet the California Mental Health Medical Necessity criteria and have a history of alcohol and/or drug use, abuse or dependency which interferes with their ability to function in an age appropriate manner in the key life domains (Axis IV, DSM-IV)
- 3.2 Substance Use: The use of any psychoactive substance that interferes with the consumer's mental status and functioning in key life domains but does not meet the DSM-IV criteria for substance abuse or dependence.
- 3.3 Substance Abuse and Dependence: The use of any psychoactive substance meeting DSM-IV criteria for psychoactive substance dependence or abuse. Potential drugs of abuse include alcohol as well as other psychoactive drugs.
- TREATMENT PRINCIPLES:** 4.1 Co-existing mental disorders and substance use compromise the management of both conditions. Such persons require specialized services to support their stability and functioning in the community. Integrated treatment of the mental disorder(s) and substance use and related disorders within a single treatment plan setting is the standard of care.
- 4.2 Abstinence is a hallmark of recovery from substance related disorders. Compliance with medication is fundamental to recovery for those consumers

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Compliance with medication is fundamental to recovery for those consumers where medication is a principal part of their treatment. Harm reduction strategies, within attempts to engage and retain consumers in treatment, is a viable option.

- 4.3 Clinical treatment of individuals with so-occurring substance abuse and mental disorders should be informed by knowledge of contemporary treatment techniques and conform to all applicable clinical guidelines/parameters, standards of care and quality improvement measures developed by Los Angeles County Department of Mental Health.

4.3.1 Consumers can benefit from treatment whether initiated by the consumer, court order, family intervention, threat of loss of employment, etc.

4.3.2 A realistic treatment plan, developed through the joint efforts of the consumer and the professional, needs to be developed with mutual respect. As the relationship and awareness grows, the treatment plan will require modification.

4.3.3 Residential treatment facilities may find harm reduction less realistic. Alternatives for consumers who use substances or are non-compliant with medication will need to be provided within the continuum of care, including inpatient treatment.

4.3.4 Interventions designed to improve the general health status of consumers, including smoking cessation, diet and exercise are recognized as essential components of the overall treatment.

4.4 Departmental Mission

DMH has primary responsibility for providing care for people meeting the State Mental Health Medical Necessity Criteria as part of the Local Mental Health Plan in Los Angeles County. Although people with mental disorders who use or abuse substances may be more challenging to treat, DMH's responsibility toward them is not lessened by their substance using or abusing behavior. Policies and practices which restrict access to people with mental disorders, including those with concomitant substance related disorders, are in conflict with the Department's primary responsibility.

4.4.1 Policies and practices requiring no substance use for specific periods

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of time prior to receiving DMH services are not consistent with Department policy. Policies and practices, withholding treatment to entire categories of consumers because of substance use and abuse history, are unacceptable.

4.5 Screening and Assessment

Any patient referred to DMH, where substance use and abuse is a part of the presenting symptoms, warrant careful and competent evaluation. Screening and assessment must include psychiatric, substance use and physical health components.

4.6 Clients Under the Influence – Alcohol and Other Drugs (Intoxicated)

Intoxicated individuals need to be screened to determine if danger to self, other and/or grave disability is present and given the appropriate level of intervention to ensure the safety of the individual(s) and the community.

- 4.6.1 New consumers presenting as intoxicated shall be provided intervention/referral services based upon their level of impairment. Case management services shall be used to assist in such instances.
- 4.6.2 For consumers currently receiving treatment and who present as intoxicated, their treatment plan shall be modified based upon their level of impairment.
- 4.6.3 For reasons of safety, the evaluator may choose to have security and/or additional clinical personnel stand by during an intervention with an intoxicated person. Clinic management staff shall be notified of those incidences where it has been necessary to terminate an initial evaluation because of a consumer's intoxication. Professional judgment, client safety, ethics and courtesy must at all times be exercised and observed.

4.7 Integrated Treatment/Continuum of Care

Integrated simultaneous utilization of mental health and substance use and abuse treatment interventions is the Department standard of care.

- 4.7.1 Consumers shall receive a screening specific to determining substance related problems. If positively identified by the screening.

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substance related problems. If positively identified by the screening, a comprehensive assessment and placement in services specifically matched to the assessed level of need will be completed. Access to specialty services, a single care plan and case coordinator(s), which remain constant regardless of program changes and continuing assessment and care will be provided.

4.7.2 Relapse can be part of the disease process for both substance related and mental disorders. Therefore, all efforts should be made to continuously retain and provide treatment regardless of the consumer's current alcohol and/or drug use and compliance with psychiatric treatment. Specific retention and treatment strategies are based on the consumer's individual needs.

4.7.3 All efforts should be made to ensure family and significant others are participants in the consumer's treatment, consistent with the wishes of the consumer.

4.8 Professional Training

Clinicians should be well trained in dual diagnosis treatment and expert consultation should be available on an ongoing basis. All providers must have specifically trained staff who have expertise in the treatment to appropriately and effectively meet the clinical needs of consumers with co-occurring disorders.

4.8.1 DMH will offer a continuous staff development plan to ensure that clinical services are competent and of the highest quality. The Staff Development Oversight Committee will act in an advisory capacity to ensure that the staff development plan is implemented and updated as necessary.

4.9 Psychopharmacologic Treatment of Substance Abusing Clients

Psychopharmacologic management of individuals with co-occurring substance abuse and mental disorders should be informed by a comprehensive knowledge of potential pharmacologic inter-relationships among drugs of abuse and associated general medical conditions, psychopharmacologic medication and anti-craving medications.

Random drug use monitoring is often an integral clinical component of treatment and should be used whenever appropriate to monitor a consumer's

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treatment and should be used whenever appropriate to monitor a consumer's progress. Drug testing results are part of the consumer's clinical record and the information subject to confidentiality laws and regulations

AUTHORITY:

Department of Mental Health Policy

REVIEW DATE:

This policy shall be reviewed on or before November 1, 2005